

COPY OF PAPERS

Please type a plus sign (+) inside this box -> x

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0531-0332

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB cooted pumpler. a valid OMB control number.

## Attorney Docket Number |B-128 DECLARATION FOR UTILITY OR Karen A. Moore First Named Inventor DESIGN PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) Application Number Unknewn / 02/11/02 Filing Date Declaration □ Declaration OR Submitted Submitted after Initial Unknown Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing Examiner Name Unknown required)

r												
As a below named inventor, I hereby declars that:												
My residence, post office address, and citizenship are as stated below next to my name.												
idelieve ! am the original, first and sole inventor (if only one neme is listed below) or an original, first and joint inventor (if plure) harnes are listed below) of the subject matter which is planed and for which a patent is sought on the invention entitled:												
SYSTEMS AND METHODS FOR COATING CONDUIT INTERIOR SURFACES LITILIZING A THERMAL												
SPRAY GUN WITH EXTENSION ARM												
the and alfantian a	E 1 . In 1 . In	~										
the specification of		CHI	e of the invention)									
OR	rereto											
wes filed on (MM/DDAYYY) es United States Application Number or PCT international												
Application Number		and w	as amended on (MM/DD	mm		(If applicable).						
I hareby state that I i	ave reviewed a	nd understand the	contents of the above ld	entilied specification	n. Instuding the c	isimo, as						
amonaed by any am	enament ebeciti	cally reterres to ebi	eva.									
arknowledge the di	ity to disclose in	formation which is	material to patentability (	es definad in 37 Of	R 1.68.							
		-		<del></del>								
I heraby claim foreign	priority benefit	4 under 38 U.S.S.	116(a)-(d) or 382(b) of on which designated at i	any foreign applic	ation(s) for pate	nt or inventor's						
						rileo Stetaa ol tora centilceta,						
crorany PC1 internal	icue: application	having a filing dati	e before that of the appli	escion on which pri	ority a claimed.							
Prior Foreign Applic	ation	· · · · · · · · · · · · · · · · · · ·	Foreign Filing Date	Priority	Certified Co	py Attached?						
Number(e)		Country	(MM/IDD/YYYY)	Not Claimed	YES	NO .						
						☶						
					<u> </u>							
Additional foreign	application num	bers are listed on a	supplemental priority de	ka sheet PTC/SB/	125 attached her	sie:						
I heraby claim the ba	anefit uncer 35 t	ת לם (ב) 119(a) סו	y United States : rovision	st epolication(s) di	ted below							
Application Nu	mber(z)	Filing Date	(MM/DD/YYYY)									
				Additional provisional application								
				numb	ers are Ested o	n a i						
			•		mental phority							
				PIO/S	SB/028 attache	α μέιειο.						
_ <b></b>												

[Page 1 of 2]

Burden Hour Statement: This form is settimated to take 0.4 hours to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patient and Tradamerk Officer, Weshington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patients, Washington, DC 20231.





Flease type a plus sign (+) inclde this box -> X

PTO/S6/01 (12-97)

Approved for use Inrough 9/39/00, OMB 0651-0032

Patent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application																
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, ilsted below and, insolar at the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentiability as defined in 37 CFR 1.56 which became available between the filing data of the prior application.																
U.S. Parent Application or PCT Parent							Parent Filing Date				Parent Patent Number					
Number							(MM/C	אַסנ	<u> </u>	(if applicable)					-{	
As a named levelor. Therefore people the depth and the second of the supplemental profits date shee: FTO/SB/02B ettached hereto.																
As a named inventor. I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:    Customer Number   Place Customer   Place Custom																
				OR .			<del></del>				-	Number	· Ser	Codo		
			لقا	Regist	Registr	titlonsr(s) ::	ia;ne/ragis;r	allo	number ils	ilao tek	so below 1909 have Registration				=	
Stanhan	Nam D Chai				Num				Nam	16			Number			
					32,687 33,720											
La Additional	reglatere:	d practitioner(s) r	amed c	on supe	lamental I	Registered	Fracilitore	inf-	mai'en she	ALETO	rsaina.	Cetterhad	hors	10	$\dashv$	
Additional registered practitioner(s) named on supplemental Registered Practitional information sheet PTO/S8/02C attached hereto.  Direct all correspondence to:   Customer Number or Ber Code Label  CR Correspondence address below																
Name	Steph	en R. Christ	ian											·····		
Address	Bech	tel BWXT Id	aho, l	LLC												
Address	P. O.	Box 1625														
City	Idaho	o Falis					State	10	)	ZIP	834	15-3899	)			
Gountry	US			7	noriaete	208-5	26-9140	)		Fax	208	-526-83	339			
hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jacquerdize the validity of the application or any patent issued thereon.																
Name of Sole or First Inventor:																
Given Name (first and middle lif gnv1) Family Name or Surname																
Karen A.		h/	4	1			Моогв									
Inventor's Signature		Lenu.	XI.A	MAG	Mr.			•				Date	C	NO CO	6	
Rasidance: I	City	Idaho Falls	··-		State	D	Country	_	US			Citizans	hlp	ng ,	_	
Post Office A	ddress	2374 Belmont Ave														
Post Office A	e Address															
City		Idaho Falls	State	ID		ZIP	83404	•	· · · · · · · · · · · · · · · · · · ·	Cou	ntry	us				
Additional	Invento	rs are being na	ıməd o	n the			Additiona	d for	vantor(s) s	heet(s	PTO	/SB/02A s	ettac	hed here	etc	



Please type a plus sign (+) incide this box ->

PTO/SE/02A (3-97)

Approved for use through 9/30/98. OM8 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a solitation of information unless it contains a valid DMR control number. valid OMB control number.

## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:  A petition has been filled for this unsigned inventor												
Given Name (first and middle [if eny])					Family Name or Sumame							
Raymond A.		Zatorski										
Inventor's Signature	MILIA		,					Data 7				
Residence: City	East Hampton	State	ст	6	ountry	us		Oltizensi	alr	IS		
Post Office Address	77 Wapowag Roed											
Post Office Address												
City	East Hampton	State	СТ		ZIP C	)6454	Соиппу	US				
Name of Addition	nal Joint Inventor, if an	ıy:			A pedda	n has baan file:	d for this	e unsign	ed inv	entor		
Given Na	me (first and middle (if any)	)		1		Family Ner	ne or Si	umama				
inventor's Signature							·					
Rasidence: City		State			ountry			Citizar	ahlo			
Foat Office Address								<del></del>	· · · · · · · · · · · · · · · · · · ·			
Post Office Address												
City		State			ΣĮΡ		Count	гу				
Name of Additional Joint Inventor, If any: A petition has been filed for this unsigned inventor												
Given Name (first and middle [if any]) Family Name or Sumame												
inventor's Signature							to					
Residence: City			Country					Citizenship				
Post Office Address												
Post Office Address					·			···				
City		State			ZIP	Caun						

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Tradametro Officer, Washington, DC 20231. DC NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Petents, Washington, DC 20231.